MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020330
STATE FILE NUMBER

Registration District No. 318 1003 Primary Registration District No. _____ Registrar's No. 5587

FILED JUN 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF

1
2 2019½
3
4 1
5 1
6
7 0
8 2
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12 73.0
13

73

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Anthony Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 205 E.Schirmer St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Marie Middle L. Last DeNoyer

4. DATE OF DEATH: Month June Day 2 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-28-1905

9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Newburg,Missouri

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Marion Hance

13b. MOTHER'S MAIDEN NAME: Daisy last name Unknown

14. NAME OF HUSBAND OR WIFE: Joseph A.DeNoyer Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jos.A.DeNoyer Sr. Address: 205 E.Schirmer St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ~~Metastatic carcinoma involving liver &~~ bony thoracic cage. Primary site in abdomen not known — INTERVAL BETWEEN ONSET AND DEATH: ~~4/11/62~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 199.2
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/11/62, to 6/2/62 and last saw her alive on 6/2/62
Death occurred at 3.48 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W.W. Eadie (Degree or title) M.D.

22b. ADDRESS: 7602 So. Broadway

22c. DATE SIGNED: 6/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6-5-1962

23c. NAME OF CEMETERY OR CREMATORY: Mt.Hope Cemetery

23d. LOCATION (City, town, or county) (State): 1215 Lemay Ferry Rd.Lemay,Mo.

24. FUNERAL DIRECTOR ADDRESS: C.Hoffmeister Mortuaries 7814 S.Broadway

25. DATE RECD. BY LOCAL REG.: JUN 4 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Dr. Eades

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.